

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Crossroads

ADDRESS (number and street)

1401 New York Avenue

NW Suite 1200

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00487363

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

14

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Margee Clancy

Signature of Treasurer

Electronically Filed by Margee Clancy

Date

07

30

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XN**
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Crossroads

Report Covering the Period:

From:

M	M
0	6

D	D
1	4

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	758335.36
(b) Cash on Hand at Beginning of Reporting Period	3292751.70	
(c) Total Receipts (from Line 19)	104753.00	3929381.41
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3397504.70	4687716.77
7. Total Disbursements (from Line 31)	116155.99	1406368.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3281348.71	3281348.71
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
American Crossroads

Report Covering the Period:

From:

M	M
0	6

D	D
1	4

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	102850.00	3897100.00
(ii) Unitemized	1903.00	5598.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	104753.00	3902698.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	104753.00	3902698.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	26683.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	104753.00	3929381.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	104753.00	3929381.41

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	116155.99	716002.36	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	116155.99	716002.36	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	690365.70	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ➤	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	116155.99	1406368.06	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116155.99	1406368.06	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	104753.00	3902698.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104753.00	3902698.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	116155.99	716002.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	26683.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	116155.99	689318.95

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

WALTER ALLEN

Mailing Address 43 WEST BROAD OAKS DRIVE

City

HOUSTON

State

TX

Zip Code

77056-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11.4417

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN ATHERTON

Mailing Address 16 COACHLIGHT DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12603-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: SA11.4419

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANDREW CLAY

Mailing Address 2009 TWILIGHT DRIVE

City

HORSESHOE BEND

State

AR

Zip Code

72512-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIRFIRST, INC.Occupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

Transaction ID: SA11.4423

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

JAMES DALZELL

Mailing Address 908 BEAR CREEK TRAIL

City

VICTOR

State

MT

Zip Code

59875-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.4426

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BRIAN DUNCAN

Mailing Address 2332 EVERGREEN ST

City

PAMPA

State

TX

Zip Code

79065-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.4431

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JACK RETTIG

Mailing Address 316 ROYAL PLAZA DRIVE

City

FORT LAUDERDALE

State

FL

Zip Code

33301-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.4448

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

DR. JOHN M. TEMPLETON, JR.

Mailing Address

601 PEMBROKE ROAD

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.**C**

Name of Employer

JOHN TEMPLETON FOUNDATION

Occupation

PRESIDENT & CHAIRMAN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

Transaction ID: SA11.4463

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100000.00

TOTAL This Period (last page this line number only)

102850.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
Jonathan Collegio

Mailing Address 421 E Columbia Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10249

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Jonathan Collegio

Mailing Address 421 E Columbia Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10261

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Jonathan Collegio

Mailing Address 421 E Columbia Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
Reimb., printing & travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5416

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2709.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Leslie Hagar</p> <hr/> <p>Mailing Address 100 I Street, SE Apt. 710</p> <hr/> <p>City Washington State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Payroll</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10250</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="428.81"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Leslie Hagar</p> <hr/> <p>Mailing Address 100 I Street, SE Apt. 710</p> <hr/> <p>City Washington State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Payroll</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10262</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="429.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Leslie Hagar</p> <hr/> <p>Mailing Address 100 I Street, SE Apt. 710</p> <hr/> <p>City Washington State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Petty Cash</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 119</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

1057.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Steven Law	Transaction ID: 10251 Date of Disbursement																				
Mailing Address 7726 Falstaff Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">3149.11</td> </tr> </table>	3149.11																			
3149.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Steven Law	Transaction ID: 10263 Date of Disbursement																				
Mailing Address 7726 Falstaff Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2761.79</td> </tr> </table>	2761.79																			
2761.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Steven Law	Transaction ID: 10264 Date of Disbursement																				
Mailing Address 7726 Falstaff Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">393.13</td> </tr> </table>	393.13																			
393.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6304.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Amy Leedecke	Transaction ID: 10252 Date of Disbursement																				
Mailing Address 632 Independence Avenue, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2440.03</td> </tr> </table>	2440.03																			
2440.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Amy Leedecke	Transaction ID: 10265 Date of Disbursement																				
Mailing Address 632 Independence Avenue, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2439.58</td> </tr> </table>	2439.58																			
2439.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Chris McInerney	Transaction ID: 10253 Date of Disbursement																				
Mailing Address 2914 S Buchanan Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">3954.58</td> </tr> </table>	3954.58																			
3954.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8834.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Chris McInerney	Transaction ID: 10266 Date of Disbursement																				
Mailing Address 2914 S Buchanan Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">3954.52</td> </tr> </table>	3954.52																			
3954.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Stephen Meyer	Transaction ID: 10254 Date of Disbursement																				
Mailing Address 2607 Tulip Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Richardson State TX Zip Code 75082	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">502.26</td> </tr> </table>	502.26																			
502.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) John Milam	Transaction ID: 10255 Date of Disbursement																				
Mailing Address 2666 Northplace Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Tupelo State MS Zip Code 38804	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1126.02</td> </tr> </table>	1126.02																			
1126.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5582.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) John Milam	Transaction ID: 10268 Date of Disbursement																				
Mailing Address 2666 Northplace Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City State Zip Code Tupelo MS 38804	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1126.01</td> </tr> </table>	1126.01																			
1126.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Brandon Mills	Transaction ID: 10256 Date of Disbursement																				
Mailing Address 1047 N Monroe St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City State Zip Code Arlington VA 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1500.76</td> </tr> </table>	1500.76																			
1500.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Brandon Mills	Transaction ID: 10269 Date of Disbursement																				
Mailing Address 1047 N Monroe St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City State Zip Code Arlington VA 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1500.77</td> </tr> </table>	1500.77																			
1500.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4127.54

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
American Crossroads

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Allied Telecom</p> <p>Mailing Address 1120 20th Street, NW Ste. 500-S</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Internet & Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5415</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="450.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Clark Schaefer Hackett</p> <p>Mailing Address 160 North Breiel Blvd.</p> <p>City Middleton State OH Zip Code 45042</p> <p>Purpose of Disbursement Payroll processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10258</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Clark Schaefer Hackett</p> <p>Mailing Address 160 North Breiel Blvd.</p> <p>City Middleton State OH Zip Code 45042</p> <p>Purpose of Disbursement Payroll processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10271</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CQ Roll Call</p> <p>Mailing Address 77 K Street, NE 8th Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Subscriptions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5417 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>7102.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CrossRoads Media, LLC</p> <p>Mailing Address 66 Canal Center Plaza Ste. 555</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Media Placement, radio</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: Wire0621 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>37985.94</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Emotive, LLC</p> <p>Mailing Address 2800 Shirlington Road Ste. 901</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement Internet Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5418 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>49.29</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

45137.23

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A.	Full Name (Last, First, Middle Initial) FedEx Office	Transaction ID: 5426 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	Mailing Address 942 S Shady Grove Road	
	City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping Candidate Name	524.38
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) Financial Agent	Transaction ID: 10259 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1
	Mailing Address PO Box 970030	
	City St. Louis State MO Zip Code 63197	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes Candidate Name	5034.31
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) Financial Agent	Transaction ID: 10272 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	Mailing Address PO Box 970030	
	City St. Louis State MO Zip Code 63197	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes Candidate Name	5093.95
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

10652.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Frank Parsons, Inc.	Transaction ID: 5427 Date of Disbursement																				
Mailing Address PO Box 759070	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	1												
City Baltimore State MD Zip Code 21275	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>64.88</td> </tr> </table>	64.88																			
64.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kintera Blackbud	Transaction ID: Fees063011 Date of Disbursement																				
Mailing Address 2000 Daniel Island Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website contribution fees	<table border="1"> <tr> <td>252.04</td> </tr> </table>	252.04																			
252.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Lockton	Transaction ID: 5420 Date of Disbursement																				
Mailing Address PO Box 415831	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	1												
City Boston State MA Zip Code 2241	Amount of Each Disbursement this Period																				
Purpose of Disbursement Insurance	<table border="1"> <tr> <td>2825.50</td> </tr> </table>	2825.50																			
2825.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3142.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
Office of Tax and Revenue

Mailing Address PO Box 96385

City Washington State DC Zip Code 20090

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10260

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

695.00

B.

Full Name (Last, First, Middle Initial)
Office of Tax and Revenue

Mailing Address PO Box 96385

City Washington State DC Zip Code 20090

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10273

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

675.00

C.

Full Name (Last, First, Middle Initial)
Public Pulse Research

Mailing Address 16100 Chesterfield Parkway West
Ste. 175

City Chesterfield State MO Zip Code 63017

Purpose of Disbursement

Polling & Research

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5428

Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6370.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads**A.**Full Name (Last, First, Middle Initial)
Richard Sales Media

Mailing Address 9010 S 10th Street

City Phoenix State AZ Zip Code 85042

Purpose of Disbursement
Web Production Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 5423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

5000.00

B.Full Name (Last, First, Middle Initial)
System ParkingMailing Address 2300 M Street, NW
#900

City Washington State DC Zip Code 20037

Purpose of Disbursement
Office Parking

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 5424

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

500.00

C.Full Name (Last, First, Middle Initial)
Virginia Department of Taxation

Mailing Address PO Box 27264

City Richmond State VA Zip Code 23261

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10274

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Amount of Each Disbursement this Period

728.23

SUBTOTAL of Disbursements This Page (optional)

6228.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Virginia Department of Taxation	Transaction ID: 5413 Date of Disbursement																				
Mailing Address PO Box 27264	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Richmond State VA Zip Code 23261	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">352.14</td> </tr> </table>	352.14																			
352.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21CCP.1 Date of Disbursement																				
Mailing Address PO Box 4513	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	1												
City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment - See Memo Entries Candidate Name	<table border="1"> <tr> <td colspan="10">6098.76</td> </tr> </table>	6098.76																			
6098.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Amazon.com	Transaction ID: SC21CCD.3 Date of Disbursement																				
Mailing Address 410 Terry Avenue N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	1												
City Seattle State WA Zip Code 98109	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Furniture Purchase Candidate Name	<table border="1"> <tr> <td colspan="10">235.88</td> </tr> </table>	235.88																			
235.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

6450.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SC21CCD.9 Date of Disbursement																				
Mailing Address PO Box 6416	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	1												
City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period																				
Purpose of Disbursement Data Plan	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SC21CCD.6 Date of Disbursement																				
Mailing Address PO Box 20706	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	1												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td colspan="10">1098.80</td> </tr> </table>	1098.80																			
1098.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) National Journal Group	Transaction ID: SC21CCD.5 Date of Disbursement																				
Mailing Address 600 New Hampshire Avenue, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	1												
City Washington State DC Zip Code 20037	Amount of Each Disbursement this Period																				
Purpose of Disbursement Subscription	<table border="1"> <tr> <td colspan="10">4239.47</td> </tr> </table>	4239.47																			
4239.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 4513	Transaction ID: SB21CCP.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 1</div> </div>
City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Credit Card Payment - See Memo Entries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>3075.01</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 6416 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Data Plan Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SC21CCD.18 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) CDMI Mailing Address 7704 Leesburg Pike City Falls Church State VA Zip Code 22043 Purpose of Disbursement Database Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SC21CCD.15 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

3075.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SC21CCD.10

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

811.67

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 701 Tower Road

City Denver State CO Zip Code 80249

Purpose of Disbursement
Airfare Credit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SC21CCD.17

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

-12.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SC21CCD.14

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

673.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SC21CCD.25

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

547.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 1400 L Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SC21CCD.19

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

89.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Washington Courier

Mailing Address 5520 Cherokee Avenue

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
Courier Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SC21CCD.12

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

120.73

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

115883.01